

INPLASY PROTOCOL

To cite: Zheng et al. Robotic
Parenchyma-Sparing
Pancreatectomy. Inplasy
protocol 202340032. doi:
10.37766/inplasy2023.4.0032

Received: 11 April 2023

Published: 11 April 2023

Corresponding author:
Elie Ghabi

eghabi1@jhmi.edu

Author Affiliation:
Johns Hopkins University
School of Medicine

Support: None.

**Review Stage at time of this
submission:** Completed but
not published.

Conflicts of interest:
None declared.

Robotic Parenchyma-Sparing Pancreatectomy

Zheng, R¹; Ghabi, E²; He, J³.

Review question / Objective: P: Patients who underwent robotic pancreas surgery; I: Robotic parenchyma-sparing pancreatectomy (enucleation, central pancreatectomy, uncinctomy, duodenal-sparing pancreatic head resection); C: None; O: Short term operative outcomes (operative morbidity, blood loss, length of stay) and long term outcomes (endocrine and exocrine insufficiency).

Main outcome(s): Short term operative outcomes (operative morbidity, blood loss, length of stay) and long term outcomes (endocrine and exocrine insufficiency).

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 11 April 2023 and was last updated on 11 April 2023 (registration number INPLASY202340032).

INTRODUCTION

Review question / Objective: P: Patients who underwent robotic pancreas surgery; I: Robotic parenchyma-sparing pancreatectomy (enucleation, central pancreatectomy, uncinctomy, duodenal-sparing pancreatic head resection); C: None; O: Short term operative outcomes (operative morbidity, blood loss, length of stay) and long term outcomes (endocrine and exocrine insufficiency).

Rationale: We aim to explore the literature to determine the current indications and outcomes associated with robotic parenchyma-sparing pancreatectomy.

Condition being studied: Pancreatic lesions primarily low-grade or pre-malignant lesions.

METHODS

Participant or population: Patients who undergo robotic pancreas surgery.

Intervention: Robotic parenchyma-sparing pancreatectomy (enucleation, central pancreatectomy, uncinectomy, duodenal-sparing pancreatic head resection).

Comparator: None.

Study designs to be included: Case reports, Case Series, Retrospective comparative studies, Prospective comparative studies.

Eligibility criteria: No additional criteria.

Information sources: Pubmed and Embase.

Main outcome(s): Short term operative outcomes (operative morbidity, blood loss, length of stay) and long term outcomes (endocrine and exocrine insufficiency).

Data management: Excel.

Quality assessment / Risk of bias analysis: MINORS criteria for non-randomized studies and JBI Critical Appraisal Checklist for Case Series/Case Reports.

Strategy of data synthesis: Descriptive data synthesis exclusively. No meta-analysis will be performed.

Subgroup analysis: None to be performed.

Sensitivity analysis: None to be performed.

Language restriction: English.

Country(ies) involved: United States.

Keywords: Enucleation, Central Pancreatectomy, Parenchyma-Sparing.

Contributions of each author:

Author 1 - Richard Zheng - 1. Performed systematic review independently; 2. Performed data extraction; 3. Drafted the main manuscript; 4. Edited Final Manuscript.

Email: rzheng4@jhmi.edu

Author 2 - Elie Ghabi - 1. Designed search strategy; 2. Performed systematic review independently; 3. Performed data extraction; 4. Performed data synthesis; 5.

Drafted the main manuscript; 6. Edited Final Manuscript.

Email: eghabi1@jhmi.edu

Author 3 - Jin He - 1. Designed and conceived the idea for the systematic review; 2. Provided final approval for selected articles; 3. Contributed to the writing of the main manuscript; 4. Edited the final manuscript; 5. Provided final approval for publishing.

Email: jhe11@jhmi.edu